



STUDENT REGISTRATION FORM

DeSoto Grade School • Academic Year 2026–2027

FOR OFFICE USE ONLY

Date: _____ ID: _____

Grade: _____ Status: [] Acc []
Pend

1 STUDENT DEMOGRAPHICS & GENERAL INFORMATION

STUDENT LEGAL LAST NAME

LEGAL FIRST NAME

MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY)

GENDER

☐ Male ☐ Female ☐ Non-Binary

GRADE ENTERING

PHYSICAL ADDRESS (STREET, APARTMENT / UNIT NUMBER)

PRIMARY EMERGENCY PHONE NUMBER

CITY

STATE

ZIP CODE

PRIMARY HOME LANGUAGE

RACE / ETHNICITY CATEGORY (CHECK ALL THAT APPLY)

- ☐ American Indian / Alaska Native ☐ Asian ☐ Black / African American ☐ Hispanic / Latino
☐ Native Hawaiian / Pacific Islander ☐ White

STUDENT LIVES WITH (PRIMARY RESIDENCE)

- ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Legal Guardian ☐ Grandparents ☐ Foster Parents
☐ Other: _____

2 STUDENT HEALTH, ALLERGIES & MEDICAL ALERTS

MEDICAL CONDITIONS / CHRONIC ILLNESSES (E.G., ASTHMA, DIABETES, SEIZURES)

KNOWN ALLERGIES (FOOD, MEDICATIONS, INSECT STINGS, LATEX, ENVIRONMENTAL)

REGULAR DAILY / EMERGENCY MEDICATIONS ADMINISTERED AT SCHOOL

PHYSICIAN / CLINIC CONTACT PHONE

3 PARENT / GUARDIAN & EMERGENCY CONTACT RECORDS

Primary Contact (Parent / Legal Guardian 1)

Authorized Pick-Up Check Included

FULL NAME

CONTACT RELATIONSHIP

PRIMARY PHONE

PHYSICAL ADDRESS (IF DIFFERENT FROM STUDENT)

SECONDARY / WORK PHONE

EMAIL ADDRESS

CAN PICK UP STUDENT?

☐ Yes, Authorized ☐ No ☐ Emergency Only

Secondary Contact (Parent / Legal Guardian 2)

Authorized Pick-Up Check Included

FULL NAME

CONTACT RELATIONSHIP

PRIMARY PHONE

PHYSICAL ADDRESS (IF DIFFERENT FROM STUDENT)

SECONDARY / WORK PHONE

EMAIL ADDRESS

CAN PICK UP STUDENT?

☐ Yes, Authorized ☐ No ☐ Emergency Only

Additional Authorized Emergency Contact (Local Pick-Up Proxy)

FULL CONTACT NAME

RELATIONSHIP

PRIMARY PHONE

CAN PICK UP?

☐ Yes ☐ No

4 VERIFICATION, EMERGENCY AUTHORIZATION & SIGNATURES

I certify that the information provided on this registration form is true, correct, and complete to the best of my knowledge. I authorize the school administration to contact the emergency contacts listed above if necessary. In the event of a medical emergency where I cannot be reached, I give permission for emergency medical care and transportation.

PARENT / GUARDIAN PRINTED NAME

PARENT / GUARDIAN SIGNATURE

DATE (MM/DD/YYYY)

SCHOOL STAFF VERIFICATION CHECK OFF

- ☐ Proof of Residency Verified ☐ Immunization Record Verified ☐ Birth Certificate On File
☐ Registrar Signature: _____